



Electronic Signature Agreement Form

ESA

Mail to:
Washington State Department of Ecology
P.O. Box 47658
Olympia, WA 98504-7658
(800) 874-2022 (within state)
(360) 407-6170
Web site: www.ecy.wa.gov/programs/hwtr

For Ecology Use Only**Date Received:**

Form

Reviewed

Entered

Verified

ESA

1. Site Identification Number**2. Site Location Information**

Site/Facility Name: _____

Site Location Address: _____

City/State/Zip: _____

3. Electronic Signer Contact Information

Electronic Signer's Name: _____

Work Mailing Address: _____

City/State/Zip: _____

Work Phone No. (Ext): (____) _____

Work Email Address: _____

4. User Names

TurboWaste User Name: _____

SAW User Name: _____

CROMERR User Name: _____

5. Electronic Signature Agreement and Certification Statement

By completing and submitting this form to Ecology, I agree to follow the rules and procedures governing the Electronic Signature account. I also agree that the reports and documents I submit under my Electronic Signature will be used as the corresponding paper report would.

6. Certification Statement**I agree that I will:**

1. Protect my Electronic Signature account, which includes my answers to the verification questions and password.
2. Review the content and meaning of my submitted Annual Reports and Notifications.
3. Within 24 hours of discovery, report to Ecology if
 - I. My Electronic Signature account is lost, stolen, or used by someone else.
 - II. There is any difference between the information I submitted and the information displayed in TurboWaste.
 - III. My role as a signer for the organization changes.

Agree: Initial here: _____

I agree that I will not:

1. Let anyone else use my Electronic Signature account.

Agree: Initial here: _____

I, _____ (print Electronic Signer's name), understand that:

1. My electronic signature is legally the same as my handwritten signature for the purpose of compliance with the relevant environmental regulations;
2. A failure to timely notify Ecology of a possible misuse of my Electronic Signature account may result in my liability for the information submitted;
3. There are significant penalties for submitting false information, including possible fines and imprisonment, related to the federal Department of Justice and federal environmental program;
4. I will be asked to verify that I am following the rules outlined in this agreement when I electronically submit documents.

8. Signature of Electronic Signer

This form cannot be processed without a handwritten signature.

Electronic Signer's Signature

Date

Name (print or type)

Title

9. Signature of Responsible Official or Witness

This form cannot be processed without a handwritten signature.

I, _____ (insert name of responsible official or witness) acknowledge that the individual named above works at/for _____ (insert site/facility name) and is authorized to submit documents on the site's/facility's behalf. I understand that I will be contacted by Ecology to validate the account holder's employment at the Site/Facility Name listed above.

Signature

Date

Name (print or type)

Title

Note: If there is no responsible official who can sign for this contact person, a witness can independently identify the contact person named above.

Accommodation Requests:

To request material in a format for the visually impaired, call the Hazardous Waste and Toxics Reduction Program, 360-407-6700. Persons with impaired hearing may call Washington Relay Service at 711. Persons with speech disability may call TTY at 877-833-6341.